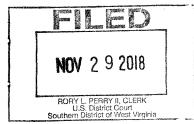
UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA



Devin Janal Lagga	3573501
(Enter above the full name of the plaintiff or plaintiffs in this action).	(Inmate Reg. # of each Plaintiff)
VERSUS CIVIL AC	CTION NO. 2:18-cv-01476
	o be assigned by Court)
South Central Megiana Jail (Enter above the full name of the defendant	
or defendants in this action)	
COMPLAINT	
I. Previous Lawsuits	
A. Have you begun other lawsuits in state of facts involved in this action or otherwise	or federal court dealing with the same se relating to your imprisonment?
Yes No _	X

B.

If your answer to A is yes, describe each lawsuit in the space below. (If there

्र करि •	is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).		
	1.	Parties to this previous lawsuit:	
		Plaintiffs:	
		Defendants:	
	2.	Court (if federal court, name the district; if state court, name the county);	
Court	***	Kangwha county magistrate	
	3.	Docket Number:	
	4.	Name of judge to whom case was assigned:	
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?	
	6.	Approximate date of filing lawsuit: 11/23/18	
-	7.	Approximate date of disposition:	

П.	Pla	ace of Present Confinement: Jouth Central Megion (1)
	A.	Is there a prisoner grievance procedure in this institution?
		Yes
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes
-	C.	If you answer is YES:
		1. What steps did you take? There filed grivence
		and had my family Call.
		2. What was the result? Rothma
	D.	If your answer is NO, explain why not: They Will NO+
	•	give me a consider
III.	Part	ies
	anu j	em A below, place your name and inmate registration number in the first blank place your present address in the second blank. Do the same for additional tiffs, if any.)
	A.	Name of Plaintiff: Deuro (090 357350)
		Address: 1001 Contro Way charloton Wy 25309
	B.	Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third

	Defendant: South Central Megronal Jail
C.	
	is employed as: Correctional Officer
	at South Contrait Megional Jail
D.	Additional defendants: Co Proupe
	· · · · · · · · · · · · · · · · · · ·
. Stat	ement of Claim
is in	volved. Include also the names of other persons involved, dates and places.
is in not	volved. Include also the names of other persons involved, dates and places. give any legal arguments or cite any cases or statutes. If you intend to alleg ber of related claims, set forth each claim in a separate paragraph. (Use as more as you need. Attach extra sheets if necessary.)
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IV.	Statement of Claim (continued):
	
B. C	
····	
	Relief State briefly exactly what you want the annual of
(State briefly exactly what you want the court to do for you. Make no legal argument cite no cases or statutes.
_ (would like to be moved to mother
16	lity and theimbursed for mu
	andistry and time Consenning
,//)	matter. J
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V.	Relief	(continued)):
		·
VII.	Cour	
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes No
		If so, state the name(s) and address(es) of each lawyer contacted:
		If not, state your reasons: Because 1 cm Currently
		incorrected.
	C.	Have you previously had a lawyer representing you in a civil action in this court?
		Yes No

If so, state the la	awyer's name and address:
Signed this <u>PC</u>	day of November, 2019.
	Rury
	Signature of Plaintiff or Plaintiffs
declare under penalty of perjuing the control of th	ry that the foregoing is true and correct. te)
	Signature of Movant/Plaintiff
	Digitatic of Movaniantiii
*	
ignature of Attorney f any)	